FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State F97000004821 DOCUMENT # 1. Entity Name 04-30-2002 90183 001 ***150.00 COMREN, INC. Mailing Address Principal Place of Business 3031 N. SAN FERNANDO BLVD. 3031 N. SAN FERNANDO BLVD. BURBANK CA 91504 BURBANK CA 91504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4395142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent -7:-Name and Address of New Registered Agent ---Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME AMSTUTZ, KAREN 3031 N SAN FERNANDO BLVD STREET ADDRESS STREET ADDRESS **BURBANK CA 91504** CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME AMSTUTZ, WILLIAM STREET ADDRESS STREET ADDRESS 3031 N. SAN FERNANDO BLVD. CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91504** ☐ Addition Change ☐ Delete TITLE TITLE AMSTUTZ, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 3031 N. SAN FERNANDO BLVD. CITY-ST-7IP CITY-ST-ZIP **BURBANK CA 91504** Change ☐ Addition ☐ Delete TITLE TITLE CPT NAME NAME AMSTUTZ, EDWARD STREET ADDRESS STREET ADDRESS 3031 N SAN FRANCISCO BLVD CITY-ST-ZIP CITY-ST-ZIP **BURBANK CA 91504** ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR